

Occupational and Physical Therapists' Performance Appraisal System Interview Form

See the OT/PT section of the Specialized Subgroups Handbook for the decision rules and instructions for completing this evaluation.

OT/PT's Name:	Date of Interview:	SS#:
Evaluator's Name:		Location:

Evaluation Information

- A. This OT/PT's status is:
- career
 - provisional First Year
 - provisional Second Year
 - provisional Third Year
 - probationary

- B. This evaluation is the:
- first Evaluation this year
 - second Evaluation this year
 - third Evaluation this year

Teaming

(This section is not completed for the first evaluation of the first provisional year)

1. Cooperates with teachers, other support personnel and, as needed, students in scheduling OT/PT services.
 - yes
 - no
2. Clearly explains results of student evaluations to IEP/IFSP team.
 - yes
 - no
3. Cooperates and collaborates with others to provide educational programs for special education and 504 students.
 - yes
 - no

Implementation of IDEA

4. Develops IEP/IFSP for identified students
 - yes
 - no

5. Develops educational program based on student's needs
 - yes
 - no

6. Maintains records/logs for each student.
 - yes
 - no

Supervision of Paraprofessionals

(This section is not completed for the first evaluation of the first provisional year)

- The OT/PT does not work with a paraprofessional (if this box is checked, indicators 7-10 are not marked).
7. Provides paraprofessional with information about goals and objectives of the students they are specifically assigned to work with.
 - yes
 - no
 8. Provides paraprofessional with instructions and materials necessary to fulfill his/her duties.
 - yes
 - no
 9. Provides paraprofessional with training in management skills
 - yes
 - no
 10. Provides paraprofessional with feedback about his/her performance.
 - yes
 - no

Professional Growth and Responsibilities

11. Administrative request: Responds to complaints
 - no written complaints in past year
 - yes
 - no

12. Out-of-class duties
 - a) Is present for required meetings/duties
 - yes
 - no
 - b) Supports program goals
 - yes
 - no

13. Peer/mentor review completed
 - yes
 - no
 - not Applicable

Date: _____

14. Performance objectives and action plans submitted
 - yes
 - no

Date: _____

15. Completes performance objectives
 - yes
 - no

Date: _____

16. Immediate supervisor observation completed
 - yes
 - no

Date Premeeting: _____

Date Observed: _____